

# SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
	<b><u>WEST CONTRACT</u></b>				
	<b><u>BASE PERIOD: 1 June 2003 - 31 March 2004</u></b>				
	The transition period for each of the geographic areas described in Section F is 10 months. The transition period is divided between the Base Period and Option Period I due to the varying expiration dates of existing contracts				
0001	Transition Geographic Area 11 1 June 2003 - 31 March 2004 (Firm fixed price line item)	10	MO		
0002	Transition Geographic Area 9/10/12 1 September 2003 - 31 March 2004 (Firm fixed price line item)	7	MO		
0003	Transition Geographic Area Central 1 December 2003 - 31 March 2004 (Firm fixed price line item)	4	MO		
	<b><u>OPTION PERIOD I</u></b>				
	<b><u>1 April 2004 - 31 March 2005</u></b>				
0101	Transition Geographic Area 9/10/12 1 April 2004 - 30 June 2004 (Firm fixed price line item)	3	MO		
0102	Transition Geographic Area Central 1 April 2004 - 30 September 2004 (Firm fixed price line item)	6	MO		
	<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>				
0103	Claims Processing (Fixed unit rate) (Requirements line item)				
0103AA	Electronic claim rate (quantity is estimated)	5,800,097	EA		
0103AB	Paper claim rate (quantity is estimated)	1,023,546	EA		
0104	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
0104AA	First 6 month contract period	5,556,522	MO		
	The estimated number of MHS eligible beneficiaries (926,087) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
0104AB	Adjusted 6 month contract period	15,721,824	MO		

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
	The estimated number of MHS eligible beneficiaries (2,620,304) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
0105	Disease Management (Cost plus fixed fee line item)				
0105AA	Estimated cost = \$2,520,000 (Government provided estimate)	1	LT		
0105AB	Fixed Fee	12	MO		
0106	Customer Satisfaction Award Fee Pool				
0106AA	First Quarter	1	EA		
0106AB	Second Quarter	1	EA		
0106AC	Third Quarter	1	EA		
0106AD	Fourth Quarter	1	EA		
0107	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
0108	Transition Out (Firm fixed price line item)	1	LT		
0109	TRICARE Service Centers (Firm fixed price)	12	MO		
	<b><u>HEALTH CARE SERVICES INCLUDING THE STATE OF ALASKA</u></b>				
0110	Health Care Costs (Cost plus incentive fee)				
0110AA	Target Underwritten Health Care Cost	1	YR		
0110AB	Underwriting Fee      Fee Percentage _____	1	YR		
	<b><u>HEALTH CARE SERVICES EXCLUDING THE STATE OF ALASKA</u></b>				
0111	Health Care Costs (Cost plus incentive fee)				
0111AA	Target Underwritten Health Care Cost	1	YR		
0111AB	Underwriting Fee      Fee Percentage _____	1	YR		
	<b><u>OPTION PERIOD II 1 April 2005 - 31 March 2006</u></b>				
	<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>				

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
0201	Claims Processing (Fixed unit rate) (Requirements line item)				
0201AA	Electronic claim rate (quantity is estimated)	9,594,539	EA		
0201AB	Paper claim rate (quantity is estimated)	1,693,154	EA		
0202	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
0202AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,621,963) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	15,731,778	MO		
0202AB	Adjusted 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,621,963) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period  *The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation	15,731,778	MO		
0203	Disease Management (Cost plus fixed fee line item)				
0203AA	Estimated Cost = \$3,860,000 (Government provided estimate)	1	LT		
0203AB	Fixed Fee	12	MO		
0204	Customer Satisfaction Award Fee Pool				
0204AA	First Quarter	1	EA		
0204AB	Second Quarter	1	EA		
0204AC	Third Quarter	1	EA		
0204AD	Fourth Quarter	1	EA		
0205	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
0206	Transition Out (Firm fixed price line item)	1	LT		
0207	TRICARE Service Centers (Firm fixed price line item)	12	MO		

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
<b><u>HEALTH CARE SERVICES INCLUDING THE STATE OF ALASKA</u></b>					
0208	Health Care Costs (Cost plus incentive fee)				
0208AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
0208AB	Underwriting Fee      Fee Percentage _____	1	YR	_____	_____
<b><u>HEALTH CARE SERVICES EXCLUDING THE STATE OF ALASKA</u></b>					
0209	Health Care Costs (Cost plus incentive fee)	0	YR	_____	_____
0209AA	Target Underwritten Health Care Cost	1	YR		To Be Negotiated
0209AB	Underwriting Fee      Fee Percentage _____	1	YR	_____	_____
<b><u>OPTION PERIOD III</u></b> <b><u>1 April 2006 - 31 March 2007</u></b>					
<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>					
0301	Claims Processing (Fixed unit rate) (Requirements line item)				
0301AA	Electronic claim rate (quantity is estimated)	10,370,279	EA	_____	_____
0301AB	Paper claim rate (quantity is estimated)	1,830,049	EA	_____	_____
0302	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
0302AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,625,259) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	15,751,554	MO	_____	_____
0302AB	Adjusted 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,625,259) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period  *The same estimated number of MHS eligible beneficiareis is used for both 6 months contract periods for purposes of evaluation	15,751,554	MO	_____	_____

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
0303	Disease Management (Cost plus fixed fee line item)				
0303AA	Estimated Cost = \$4,000,000 (Government provided estimate)	1	LT		
0303AB	Fixed fee	12	MO		
0304	Customer Satisfaction Award Fee Pool				
0304AA	First Quarter	1	EA		
0304AB	Second Quarter	1	EA		
0304AC	Third Quarter	1	EA		
0304AD	Fourth Quarter	1	EA		
0305	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
0306	Transition Out (Firm fixed price line item)	1	LT		
0307	TRICARE Service Centers (Firm fixed price)	12	MO		
<b><u>HEALTH CARE SERVICES INCLUDING THE STATE OF ALASKA</u></b>					
0308	Health Care Costs (Cost plus incentive fee)				
0308AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
0308AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b><u>HEALTH CARE SERVICES EXCLUDING THE STATE OF ALASKA</u></b>					
0309	Health Care Costs (Cost plus incentive fee)				
0309AA	Target Underwritten Health Care Cost	1	YR		To Be Negotiated
0309AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b><u>OPTION PERIOD IV 1 April 2007 - 31 March 2008</u></b>					
<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>					
0401	Claims Processing (Fixed unit rate) (Requirements type line item)				
0401AA	Electronic claim rate (quantity is estimated)	11,146,019	EA		
0401AB	Paper claim rate	1,966,944	EA		

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
	(quantity is estimated)				
0402	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
0402AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,626,896) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	15,761,376	MO		
0402AB	Adjusted 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,626,896) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period  *The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation	15,761,376	MO		
0403	Disease Management (Cost plus fixed fee)				
0403AA	Estimated cost = \$4,140,000 (Government provided estimate)	1	LT		
0403AB	Fixed Fee	12	MO		
0404	Customer Satisfaction Award Fee Pool				
0404AA	First Quarter	1	EA		
0404AB	Second Quarter	1	EA		
0404AC	Third Quarter	1	EA		
0404AD	Fourth Quarter	1	EA		
0405	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
0406	Transition Out (Firm fixed price line item)	1	LT		
0407	TRICARE Service Centers (Firm fixed price)	12	MO		
	<b><u>HEALTH CARE SERVICES INCLUDING THE STATE OF ALASKA</u></b>				
0408	Health Care Costs (Cost plus incentive fee)	0	YR		

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
0408AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
0408AB	Underwriting Fee      Fee Percentage _____	1	YR		
	<b><u>HEALTH CARE SERVICES EXCLUDING THE STATE OF ALASKA</u></b>				
0409	Health Care Costs (Cost plus incentive fee)				
0409AA	Target Underwritten Health Care Cost	1	YR		To Be Negotiated
0409AB	Underwriting Fee      Fee Percentage _____	1	YR		
	<b><u>OPTION PERIOD V 1 April 2008 - 31 March 2009</u></b>				
	<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>				
0501	Claims Processing (Fixed unit rate) (Requirements type line item)				
0501AA	Electronic claim rate (quantity is estimated)	11,921,758	EA		
0501AB	Paper claim rate (quantity is estimated)	2,103,840	EA		
0502	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
0502AA	First 6 month contract period	15,761,376	MO		
	The estimated number of MHS eligible beneficiaries (*2,626,896) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
0502AB	Adjusted 6 month contract period	15,761,376	MO		
	The estimated number of MHS eligible beneficiaries (*2,626,896) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
	*The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation				
0503	Disease Management (Cost plus fixed fee)				
0503AA	Estimated Cost = \$4,290,000 (Government provided estimate)	1	LT		

# SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
0503AB	Fixed Fee	12	MO		
0504	Customer Satisfaction Award Fee Pool				
0504AA	First Quarter	1	EA		
0504AB	Second Quarter	1	EA		
0504AC	Third Quarter	1	EA		
0504AD	Fourth Quarter	1	EA		
0505	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
0506	Transition Out (Firm fixed price line item)	1	LT		
0507	TRICARE Service Centers (Firm fixed price)	12	MO		
<b><u>HEALTH CARE SERVICES INCLUDING THE STATE OF ALASKA</u></b>					
0508	Health Care Costs (Cost plus incentive fee)				
0508AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
0508AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b><u>HEALTH CARE SERVICES EXCLUDING THE STATE OF ALASKA</u></b>					
0509	Health Care Costs (Cost plus incentive fee)				
0509AA	Target Underwritten Health Care Cost	1	YR		To Be Negotiated
0509AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b><u>SOUTH CONTRACT</u></b>					
<b><u>BASE PERIOD: 1 June 2003 - 31 March 2004</u></b>					
The transition period for each of the geographic areas described in Section F is 10 months. The transition period is divided between the Base Period and Option Period I due to the varying expiration dates of the existing contracts					
0601	Transition Geographic Area 3 and 4 1 October 2003 - 31 March 2004	6	MO		
0602	Transition Geographic Area 6 1 January 2004 - 31 March 2004	3	MO		
<b><u>OPTION PERIOD I</u></b>					
<b><u>1 April 2004 - 31 March 2005</u></b>					



**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
0603	Transition Geographic Area 3 and 4 1 April 2004 - 31 July 2004	4	MO		
0604	Transition Geographic Area 6 1 April 2004 - 31 October 2004	7	MO		
<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>					
0605	Claims Processing (Fixed unit rate) (Requirements line item)				
0605AA	Electronic claim rate (quantity is estimated)	6,559,827	EA		
0605AB	Paper claim rate (quantity is estimated)	1,157,617	EA		
0605AC	Foreign claim rate (quantity is an estimate for an 8 month period)	525,303	EA		
0607	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
0607AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (581,466) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	3,488,796	MO		
0607AB	Adjusted 6 month contract period  The estimated number of MHS eligible beneficiaries (2,581,494) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	15,488,964	MO		
0608	Disease Management (Cost plus fixed fee line item)				
0608AA	Estimated cost = \$2,250,000 (Government provided estimate)	1	LT		
0608AB	Fixed Fee	12	MO		
0609	Customer Satisfaction Award Fee Pool				
0609AA	First Quarter	1	EA		
0609AB	Second Quarter	1	EA		
0609AC	Third Quarter	1	EA		
0609AD	Fourth Quarter	1	EA		

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
0610	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
0611	Transition Out (Firm fixed price line item)	1	LT		
0612	TRICARE Service Centers (Firm fixed price)	12	MO		
<b><u>HEALTH CARE SERVICES</u></b>					
0613	Health Care Costs (Cost plus incentive fee)				
0613AA	Target Underwritten Health Care Cost	1	YR		
0613AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b><u>OPTION PERIOD II</u></b>					
<b><u>1 April 2005 - 31 March 2006</u></b>					
<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>					
0701	Claims Processing (Fixed unit rate) (Requirements line item)				
0701AA	Electronic claim rate (quantity is estimated)	12,031,566	EA		
0701AB	Paper claim rate (quantity is estimated)	2,123,217	EA		
0701AC	Foreign claim rate (quantity is estimated)	1,158,302	EA		
0703	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
0703AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,756,047) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	16,536,282	MO		
0703AB	Adjusted 6 month contract period  The etimated number of MHS eligible beneficiaries (*2,756,047) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) equals the amount for the 6 month contract period  *The same estimated number of MHS eligible beneficiaries is used for both 6 month contract	16,536,282	MO		

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
	periods for purposes of evaluation				
0704	Disease Management (Cost plus fixed fee line item)				
0704AA	Estimated Cost = \$4,060,000 (Government provided estimate)	1	LT		
0704AB	Fixed Fee	12	MO		
0705	Customer Satisfaction Award Fee Pool				
0705AA	First Quarter	1	EA		
0705AB	Second Quarter	1	EA		
0705AC	Third Quarter	1	EA		
0705AD	Fourth Quarter	1	EA		
0706	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
0707	Transition Out (Firm fixed price line item)	1	LT		
0708	TRICARE Service Centers (Firm fixed price)	12	MO		
<b><u>HEALTH CARE SERVICES</u></b>					
0709	Health Care Costs (Cost plus incentive fee)				
0709AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
0709AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b><u>OPTION PERIOD III</u></b>					
<b><u>1 April 2006 - 31 March 2007</u></b>					
<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>					
0801	Claims Processing (Fixed unit rate) (Requirements line item)				
0801AA	Electronic claim rate (quantity is estimated)	12,885,608	EA		
0801AB	Paper claim rate (quantity is estimated)	2,273,931	EA		
0801AC	Foreign claim rate (quantity is estimated)	1,315,281	EA		
0803	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
0803AA	First 6 month contract period	16,606,902	MO		

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
	The estimated number of MHS eligible beneficiaries (*2,767,817) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
0803AB	Adjusted 6 month contract period	16,606,902	MO		
	The estimated number of MHS eligible beneficiaries (*2,767,817) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
	*The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation				
0804	Disease Management (Cost plus fixed fee line item)				
0804AA	Estimated Cost = \$4,220,000 (Government provided estimate)	1	LT		
0804AB	Fixed fee	12	MO		
0805	Customer Satisfaction Award Fee Pool				
0805AA	First Quarter	1	EA		
0805AB	Second Quarter	1	EA		
0805AC	Third Quarter	1	EA		
0805AD	Fourth Quarter	1	EA		
0806	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
0807	Transition Out (Firm fixed price line item)	1	LT		
0808	TRICARE Service Centers (Firm fixed price)	12	MO		
	<b><u>HEALTH CARE SERVICES</u></b>				
0809	Health Care Costs (Cost plus incentive fee)				
0809AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
0809AB	Underwriting Fee      Fee Percentage _____	1	YR		
	<b><u>OPTION PERIOD IV</u></b> <b><u>1 April 2007 - 31 March 2008</u></b>				
	<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>				

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
0901	Claims Processing (Fixed unit rate) (Requirements line item)				
0901AA	Electronic claim rate (quantity is estimated)	13,739,650	EA		
0901AB	Paper claim rate (quantity is estimated)	2,424,644	EA		
0901AC	Foreign claim rate (quantity is estimated)	1,472,259	EA		
0903	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
0903AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,773,203) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	16,639,218	MO		
0903AB	Adjusted 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,773,203) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period  *The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation	16,639,218	MO		
0904	Disease Management (Cost plus fixed fee line item)				
0904AA	Estimated cost = \$4,370,000 (Government provided estimate)	1	LT		
0904AB	Fixed Fee	12	MO		
0905	Customer Satisfaction Award Fee Pool				
0905AA	First Quarter	1	EA		
0905AB	Second Quarter	1	EA		
0905AC	Third Quarter	1	EA		
0905AD	Fourth Quarter	1	EA		
0906	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
0907	Transition Out	1	LT		

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
	(Firm fixed price line item)				
0908	TRICARE Service Centers (Firm fixed price)	12	MO		
	<b><u>HEALTH CARE SERVICES</u></b>				
0909	Health Care Costs (Cost plus incentive fee)				
0909AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
0909AB	Underwriting Fee      Fee Percentage _____	1	YR		
	<b><u>OPTION PERIOD V</u></b> <b><u>1 April 2008 - 31 March 2009</u></b>				
	<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>				
1001	Claims Processing (Fixed unit rate) (Requirements line item)				
1001AA	Electronic claim rate (quantity is estimated)	14,593,693	EA		
1001AB	Paper claim rate (quantity is estimated)	2,575,357	EA		
1001AC	Foreign claim rate (quantity is estimated)	1,629,237	EA		
1003	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
1003AA	First 6 month contract period	16,639,218	MO		
	The estimated number of MHS eligible beneficiaries (*2,773,203) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
1003AB	Adjusted 6 month contract period	16,639,218	MO		
	The estimated number of MHS eligible beneficiaries (*2,773,203) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
	*The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation				
1004	Disease Management (Cost plus fixed fee line item)				

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1004AA	Estimate cost = \$4,520,000 (Government provided estimate)	1	LT		
1004AB	Fixed Fee	12	MO		
1005	Customer Satisfaction Award Fee Pool				
1005AA	First Quarter	1	EA		
1005AB	Second Quarter	1	EA		
1005AC	Third Quarter	1	EA		
1005AD	Fourth Quarter	1	EA		
1006	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
1007	Transition Out (Firm fixed price line item)	1	LT		
1008	TRICARE Service Centers (Firm fixed price)	12	MO		
<b><u>HEALTH CARE SERVICES</u></b>					
1009	Health Care Costs (Cost plus incentive fee)				
1009AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
1009AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b><u>NORTH CONTRACT</u></b>					
<b><u>BASE PERIOD: 1 June 2003 - 31 March 2004</u></b>					
The transition period for each of the geographic areas described in Section F is 10 months. The transition period is divided between the Base Period and Option Period I due to the varying expiration dates of the existing contracts					
1101	Transition Geographic Area 2 and 5 1 August 2003 - 31 March 2004	8	MO		
1102	Transition Geographic Area 1 1 November 2003 - 31 March 2004	5	MO		
<b><u>OPTION PERIOD I</u></b> <b><u>1 April 2004 - 31 March 2005</u></b>					
1103	Transition Geographic Area 2 and 5 1 April 2004 - 31 May 2004	2	MO		
1104	Transition Geographic Area 1 1 April 2004 - 31 August 2004	5	MO		
<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>					

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Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1105	Claims Processing (Fixed unit rate) (Requirements line item)				
1105AA	Electronic claim rate (quantity is estimated)	6,999,299	EA		
1105AB	Paper claim rate (quantity is estimated)	1,235,170	EA		
1106	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
1106AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (1,278,819) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	7,672,914	MO		
1106AB	Adjusted 6 month contract period  The estimated number of MHS eligible beneficiaries (2,767,073) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	16,602,438	MO		
1107	Disease Management (Cost plus fixed fee line item)				
1107AA	Estimated cost = \$2,880,000 (Government provided estimate)	1	LT		
1107AB	Fixed Fee	12	MO		
1108	Customer Satisfaction Award Fee Pool				
1108AA	First Quarter	1	EA		
1108AB	Second Quarter	1	EA		
1108AC	Third Quarter	1	EA		
1108AD	Fourth Quarter	1	EA		
1109	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
1110	Transition Out (Firm fixed price line item)	1	LT		
1111	TRICARE Service Centers (Firm fixed price)	12	MO		
<b><u>HEALTH CARE SERVICES</u></b>					



**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1112	Health Care Costs (Cost plus incentive fee)				
1112AA	Target Underwritten Health Care Cost	1	YR		
1112AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b>OPTION PERIOD II</b>					
<b><u>1 April 2005 - 31 March 2006</u></b>					
<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>					
1201	Claims Processing (Fixed unit rate) (Requirements line item)				
1201AA	Electronic claim rate (quantity is estimated)	9,985,524	EA		
1201AB	Paper claim rate (quantity is estimated)	1,762,151	EA		
1202	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
1202AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,776,683) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	16,660,098	MO		
1202AB	Adjusted 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,776,683) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period  *The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation	16,660,098	MO		
1203	Disease Management (Cost plus fixed fee line item)				
1203AA	Estimated Cost = \$4,090,000 (Government provided estimate)	1	LT		
1203AB	Fixed Fee	12	MO		
1204	Customer Satisfaction Award Fee Pool				
1204AA	First Quarter	1	EA		

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1204AB	Second Quarter	1	EA		
1204AC	Third Quarter	1	EA		
1204AD	Fourth Quarter	1	EA		
1205	Contracting Officer Directed Travel - \$50,000 (Government provided estimate)	1	LT		
1206	Transition Out (Firm fixed price line item)	1	LT		
1207	TRICARE Service Centers (Firm fixed price)	12	MO		
<b><u>HEALTH CARE SERVICES</u></b>					
1208	Health Care Costs (Cost plus incentive fee)				
1208AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
1208AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b><u>OPTION PERIOD III</u></b>					
<b><u>1 April 2006 - 31 March 2007</u></b>					
<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>					
1301	Claims Processing (Fixed unit rate) (Requirements line item)				
1301AA	Electronic claim rate (quantity is estimated)	10,763,573	EA		
1301AB	Paper claim rate (quantity is estimated)	1,899,454	EA		
1302	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
1302AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,795,151) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	16,770,906	MO		
1302AB	Adjusted 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,795,151) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	16,770,906	MO		

# SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
	*The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation				
1303	Disease Management (Cost plus fixed fee line item)				
1303AA	Estimated Cost = \$4,260,000 (Government provided estimate)	1	LT		
1303AB	Fixed fee	12	MO		
1304	Customer Satisfaction Award Fee Pool				
1304AA	First Quarter	1	EA		
1304AB	Second Quarter	1	EA		
1304AC	Third Quarter	1	EA		
1304AD	Fourth Quarter	1	EA		
1305	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
1306	Transition Out (Firm fixed price line item)	1	LT		
1307	TRICARE Service Centers (Firm fixed price)	12	MO		
<b><u>HEALTH CARE SERVICES</u></b>					
1308	Health Care Costs (Cost plus incentive fee)				
1308AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
1308AB	Underwriting Fee      Fee Percentage _____	1	YR		
<b><u>OPTION PERIOD IV</u></b>					
<b><u>1 April 2007 - 31 March 2008</u></b>					
<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>					
1401	Claims Processing (Fixed unit rate) (Requirements line item)				
1401AA	Electronic claim rate (quantity is estimated)	11,541,622	EA		
1401AB	Paper claim rate (quantity is estimated)	2,036,757	EA		
1402	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
1402AA	First 6 month contract period	16,824,042	MO		

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
	The estimated number of MHS eligible beneficiaries (*2,804,007) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
1402AB	Adjusted 6 month contract period	16,824,042	MO		
	The estimated number of MHS eligible beneficiaries (*2,804,007) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period				
	*The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation				
1403	Disease Management (Cost plus fixed fee line item)				
1403AA	Estimated cost = \$4,420,000 (Government provided estimate)	1	LT		
1403AB	Fixed Fee	12	MO		
1404	Customer Satisfaction Award Fee Pool				
1404AA	First Quarter	1	EA		
1404AB	Second Quarter	1	EA		
1404AC	Third Quarter	1	EA		
1404AD	Fourth Quarter	1	EA		
1405	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
1406	Transition Out (Firm fixed price line item)	1	LT		
1407	TRICARE Service Centers (Firm fixed price)	12	MO		
	<b><u>HEALTH CARE SERVICES</u></b>				
1408	Health Care Costs (Cost plus incentive fee)				
1408AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
1408AB	Underwriting Fee      Fee Percentage _____	1	YR		
	<b><u>OPTION PERIOD V</u></b> <b><u>1 April 2008 - 31 March 2009</u></b>				
	<b><u>ADMINISTRATIVE SUPPORT SERVICES</u></b>				

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1501	Claims Processing (Fixed unit rate) (Requirements line item)				
1501AA	Electronic claim rate (quantity is estimated)	12,319,672	EA		
1501AB	Paper claim rate (quantity is estimated)	2,174,060	EA		
1502	Per Member Per Month (PMPM) (Fixed unit rate per member month) (Requirements line item)	12	MO		
1502AA	First 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,804,007) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period	16,824,042	MO		
1502AB	Adjusted 6 month contract period  The estimated number of MHS eligible beneficiaries (*2,804,007) multiplied by 6 months = the number of member months (the quantity). The number of member months (quantity) multiplied by the fixed unit rate per member (unit price) = the amount for the 6 month contract period  *The same estimated number of MHS eligible beneficiaries is used for both 6 month contract periods for purposes of evaluation	16,824,042	MO		
1503	Disease Management (Cost plus fixed fee line item)				
1503AA	Estimated cost = \$4,570,000 (Government provided estimate)	1	LT		
1503AB	Fixed Fee	12	MO		
1504	Customer Satisfaction Award Fee Pool				
1504AA	First Quarter	1	EA		
1504AB	Second Quarter	1	EA		
1504AC	Third Quarter	1	EA		
1504AD	Fourth Quarter	1	EA		
1505	Contracting Officer Directed Travel = \$50,000 (Government provided estimate)	1	LT		
1506	Transition Out (Firm fixed price line item)	1	LT		

**SCHEDULE**

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1507	TRICARE Service Centers (Firm fixed price)	12	MO		
	<b><u>HEALTH CARE SERVICES</u></b>				
1508	Health Care Costs (Cost plus incentive fee)				
1508AA	Target Underwritten Health Care Costs	1	YR		To Be Negotiated
1508AB	Underwriting Fee      Fee Percentage _____	1	YR		